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Understanding Social Determinants of Health Seeking Behaviors and Medical Pluralism: A Rational Framework for Rural Health Policy and Systems Development

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Abstract: *Health is not only related to medical care but an integrated development of entire human society. Health is one of the prime concerns of mankind. Health is a pre-requisite for human development and is essentially concerned with the well being of the common man. Quality of health care, health orientation and social protection of health in a population affects the development of any nation. As far as an organic linkage with the rural health is concerned, there is no basic service for an inclusive health interference effort to understand health culture and health behavior of rural people from the larger perspective of social determinants in developing a model of culturally suited health care delivery system. Normally, the context in which an individual lives (socio-economic) is very vital and significant for his/her health status and quality of life. There are some external determinants which can decide the health status of any person including social environment, health culture, hospitals, doctors etc. Also it significantly depends on some internal factors including his/her health culture, education, health practices, etc. This paper based on field work experience reveals how social determinants are responsible for various health related problems of the rural people and focuses the need of developing Social Determinants of Public Health Care mechanism.*

Key words: *Health culture, Pluralism, Determinants, Health.*

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BACKGROUND

Health is one of the prime concerns of mankind. Health is a pre-requisite for human development and is essentially concerned with the well being of the common man. Health is not only related to medical care but an integrated development of an entire human society. Normally, the context in which an individual lives is very vital in signifying his health status and quality of life. There are some external determinants which can decide the health status of any person including social environment, hospitals, doctors or technology. Also, it significantly depends on some internal factors including health culture, education, health practices, etc. Quality of health care, health orientation and social protection of health in a population affects the development status of any nation.

What is Health?

Scientific definition of the term 'HEALTH'

WHO definition of health: The present definition of health was originally created during framing a preamble to the aims and objectives of the World Health Organization in 1946. According to the WHO definition "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity". In 1986, the WHO said that health is "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities".

Today every government is interested to bring many health programmes. Quality health care has become a key indicator of social inclusion. Providing health care to the disadvantaged sections of the society has become a challenging task of governments. Rather than just medical care, health is a vital component in every social development programmes. Generally, quality health system depends on existing strong political economy of the state. Today, health sector is a potential long term investment with marketing potential. Quality delivery of health care service is largely influenced by socio-economic and other situational factors. Poverty, illiteracy, housing are some of the reasons for health inequalities in India. Uneven distribution of

modern medical facilities, lack of effective prevention measure, development behavior of certain communities, absence of strong political will, bureaucratic negligence, poor medical infrastructure, malnutrition, transport system, ignorance are some of the hurdles in achieving "Health for All".

There are some studies to show that changing socio-economic process will also influence the pattern of health culture and health seeking behavior. This is very common and true in the case of rural folk. Changes in health culture gradually cause change in health behavior resulting in the transformation of health status of a community. Hence, perception and attitude of the community towards different health problems will get new shape and frame finally leading to the formation of new health behavior when they face such health disorders in the future (Banerji, 1986). When the health culture is strongly influenced by the external organics (level of education, migration media. etc...) in a particular geographical area people will develop new health behavior. The adopted new health seeking behavior will resolve the health problems within the given ecological settings (Parson 1963). This type of forced change in the health behavior of a particular community sometimes will be explicit or will be implicit.

Social Determinants of Health

"What really moves the health of whole societies, adding to or subtracting from the sum of total health, may be factors which account for only a very small part of the individual variation in health and so escape detection" (Wilkinson:1996;16)

Not only biological factors but health is also determined by both social and cultural environment. Various studies have established this link. Some of the social variables like income or poverty, occupation, educational status, social network etc.... play a vital role in determining the health behavior of a community. Throughout the life course social determinants influence health at multiple levels. For example, the income of a person influences the health at different levels. This influence may occur and interact with each other to produce health status. Further, various social and cultural factors

independently influence the health of an individual at different stages of the life. Each socio-economic factor affects health behavior of a person through different mechanism. Medical sociologists have opined that social variables affect onset of disease/illness and type of treatment. Also individuals risk health behavior because of low levels of hygiene, low quality food etc., that may play a vital role in the onset of some specific diseases. During the stage of illness social determinants will play a role in choosing specific health care system (Aurvedic, Western etc). Adoption or rejection of any medical system depends on success rate, treatment, coping behavior and other vital issues (Blaxter and Paterson, 1982).

Since India can be divided into urban, tribal and the rural, social determinant factors also affects differently on different sections of the society as it has marginalized classes like SCs, STs and OBCs. Rural people are most vulnerable to different kinds of diseases. Factors like socio economic conditions, living in remote areas , income, education and occupation will play a vital role in determining the health culture.

Income

The total income of a family may determine the levels of the poverty. Poverty may be relative or absolute. Since the link of income with health is not yet clear, it is not so easy to reveal the connection between them. Sometime income may be seasonal. Or sometime we may have to look into individual income or total household income. Income also depends on employment, salary, pension, social security, house taxes, etc. Low income always associates with low accessibility to good health care. The positive association between low income and high mortality rate in a particular family shows poor health status. Also, it is proved that individual having good health will have more chance to improve the total income of the family. It has been proved in several studies that lack of good health may result in loss of job and decrease in regular income. The fall in regular income not only affects the individual but also the entire family. Obviously, good income enables an individual to buy various health related items like, nutritious food, health insurance etc., In addition it also improves

good mental health as good income also relieves the individual from poverty related stress. Income is a kind of flow of resource whereas, assets and other form of wealth can be useful to maintain good health at any point of time.

Certain reports have shown that people with highest income live longer when compared to the people with low income. Infant mortality rate is lower in the high income group where as it is high in the low income groups. Also high income people are more likely to have access to a physician regularly whereas low income group people are not (Herzlich, 1973). All these findings show that marginal income and low income levels tend to be more strongly associated with reduced probability of poor health than increase probability of good health. Certain study reports have concluded that, rich people spend high on health care whereas poor people do not have a tendency to consume healthcare products and services. However, not all research shows an independent effect of income inequality on health and social problems because there is less agreement about whether income inequality causes health and social problems or are these factors independent (MacInnes and Milburn, 1994)

Education and Health

Educational level has the close link with health. Over the period of time studies have shown that level of education directly or indirectly impacts health. It proves that lower education attainment influence risky health behavior. Education is a casual variable in improving the health status. The study shows that higher level of education is associated with a healthy lifestyle. It is found that there is correlation between level of schooling and healthy lifestyle. It is found that link between level of schooling and health shows;

- a. Normal impact of education on health.
- b. Interaction between the level of education and inherited features.

Level of schooling is responsible for improved health literacy. Educationists felt the importance of providing pre-school education that will greatly increase the health prospects of children as well as family members. It is found that both physical and mental health would be better among better educated people and these people will

spend less on health when compared with others. Also, it is found that low level of education is strongly associated with the poor psychological function. Certain studies show that low level of education is associated with poor biological conditions, bad habits and unscientific health practices also. Interestingly, better educated people though had bad habits earlier, changed their lifestyle in eagerness of better future health care.

Since education is also a major determinant in the health care low educated people has experienced a short life expectancy than high educated ones. Also, a high rate of crime and violence can be seen among low educated people. More education obviously leads to a higher income paving way for access to high quality health care. It is found that good education provide individuals to make better health related decisions for their personal health. In rural areas levels of education may not impact health separately like other variable factors. Income and occupation also have good linkage with education as influential factors on health. Finally, education is vital for increasing healthy lifestyle of an individual. Due to better education, family members can practice good health behavior and low health expenditure (MacInnes, and Milburn, 1994).

Poverty

It is widely known fact that poverty is plays a key role in determining health status of any community. It may be urban, rural or tribal. It is found that poverty ultimately results in unhygienic housing, poor nutrition, increased risk of infections etc. Poverty leaves an ultimate impact on any community particularly vulnerable and poor. Health status might be a best parameter to measure poverty. Experts have felt that increasing health expenditure not only improves the health status of the community but also increases poverty level.

Poverty is a multidimensional aspect. Lack of good food, shelter, unemployment and low income all work together and affects individual's health status. Due to this, an individual will be at risk of getting into depression, anxiety or any type of chronic diseases. Because of poverty poor people may not visit a doctor unless it is a serious disease. First he/she will try with local traditional or self

medication. Sometime due to poverty patients will buy medicine over the counter (From the medical shops with prescription). Recent human development report (2005) opines that poverty and health influences each other directly and indirectly. Sociologists feel poor people often describe illness and disease as fate, hunger, pain, fear, anger etc. Poverty not only affects the adults it also affects severely on the health status of the children and aged people of the family. Due to poverty poor people visit only government hospitals where there will be no modern equipments or highly specialized physicians to diagnose the problem in the early stage.

Due to poverty, people cannot visit private practitioners or hospitals where one can get high quality health care. Educationists feel that, due to poverty sometime children are not able to attend school hence, children and parents cannot get any awareness about simple day to day health related practices. Poverty not only affects physical health but also affects mental health. Poverty related stress may even provoke one to commit crimes in the society. This poverty related stress also leads to severe depression, lack of self esteem which finally affects mental health of an individual (Jill, 2009).

Occupation

Rather than income, occupational status of an individual or family is more reliable and static criteria to measure socio-economic status and its effect on the general health. Good occupational status leads to better quality of healthy life. It is found that occupational status has a close link with access to good health care. Flow of income may fluctuate but good occupation promises more reliable and regular income flow. Hence, one can take right decision regarding one's health care planning. Many a time ill health may be a major reason for downward occupational mobility. It is also seen that health disorders may be a constraint for upward occupational mobility.

Higher occupational status is less likely to be an exposure to various occupational disorders. Also higher occupational status gives more peaceful mental health. Since, employment status is more strongly associated with health than income experts feel it plays a

vital role in creating access to more economic resources. This may help an individual for upward social mobility. Also, it is observed that unscientific health practices and unhealthy habits can be seen more among unemployed people which may lead to bad health status. This association has been found more among young adults, old adults and people with various disabilities also. However, some of the studies have observed that income and health are independently associated. Good food and employment however will not mitigate health problems among low income groups owing to the effect of material factors on health care.

Social Support and Social network

Social connections play a vital role as a major social determinant of health. Social supports not only give material recourses but also they provide love, emotions and attachments to an individual. Social support is a type of assistance that people will normally receive through their established social network. Social network provides vital information about healthy life style or hospital care. Studies have shown that good social network results in positive impact on physical and mental health. Social networks predict the risk of all causes and cause specific health disorders. Social network also have a history in providing good mental health care to the rural folks. Social network and social support have also helped in surviving of some major illness.

Certain epidemiologists felt social connections may help in avoiding onset of various infectious diseases. On other hand, good social network can also be a negative impact on health outcomes. Sometime people may use their social network for bad health behavior. Also few studies are going on to study the association between social supports and environment interactions. Social network and support may together be used as social capital. Members of the community can make use of social capital system for betterment of their health needs. Studies have also proved that there is a close association among social capital, health outcomes and community's social economic characteristics. It is also proved that withdrawal from the social network results in some type of mental issues among the youth. Modern social network system in rural area has proved useful in

providing culture specifics for instance in the case of planning by the local NGOs. Through social network and support people will get instrumental support, emotional support and information support to save themselves from both short term and long term problems.

In a changing society association between various socio-economic characteristics and health has been under study for decades. It is found that education, poverty and income are the three main indicators of the healthy society. However, each of the indicator acts through different mechanisms on health issues. Socio-economic characters in health are wide spread, distinctive, dynamic across multicultural societies and for a diverse range of health policies. These social variables play a vital role. Also through these variables we can enhance our knowledge in understanding how biological pathways for some health disorders are shaped by local culture. Understanding the contribution of social and cultural factors on health gives a new edge to get an idea on mechanisms by which these variables play a role about the onset of disease and progression to adopt positive health behavior.

MEDICAL PLURALISM

Around the world different rural communities use different medical systems to cure different infectious and non-infectious diseases. Depending on the diseases and illness rural people normally practice black magic, superstitious belief, miracle cures , religious worship, besides using indigenous healing knowledge and practices representing traditional healing and other medical systems like Ayurveda, Homoeopathy, Allopathy, Unani, Sidda, Chinese, Tibetan etc to cure many type of diseases. All these invariably constitute medical pluralism. However, this medical pluralism is based on ecology, cosmology and other belief systems. Rural people classify different diseases into failure or malfunctioning of different organs. Even though it looks vague and unscientific, these classifications help the indigenous practitioners to diagnose the problem properly and to find out the actual cause of diseases or illness. Rural local healers use different healing techniques or different therapeutics stages representing medical pluralism. Preference for practitioners from their

own cultural milieu is more important to the patients than the accessibility and quality of good medical care provided by the different systems". (Minocha, 2011).

As McGrath (1999) writes, "pluralistic systems persist to be explained in terms of opposites: ethno and biomedical, non-Western and Western, native and European, traditional and modern, local and cosmopolitan, indigenous and introduced, alternative and scientific, natural and allopathic, and so forth" (McGrath, 1999). In rural settings choosing an appropriate medical system and specially having strong faith on folk medicine basically depends on the theory of causation of illness and disease. It may vary from witch craft to breakdown of body systems. Selecting a kind of healing technique or more than one type of healing pattern within a given culture is a kind of response by the population over the period of time to cure a disease. This therapeutic option is most common phenomenon across the society and coexists within other type of alternative (various) medical practices and ideology. This different treatment options will have different origin and have different success rates. However, more people go for such type of treatment despite practitioner's use of toxic elements unknowingly.

Medical pluralism is a part and parcel of socially stratified and culturally diverse nature of rural society. Since numerous medical care system is available in the rural society sometime these medical systems (pluralistic therapy) may have to compete with each other over the success rate. Also due to influence of changing health culture, the underlying notion in each medical system will also get changed. Individual practitioner will adopt an appropriate technique/s in administering each therapy. While administering more than one therapy to a single patient co-operation and co-existence is required between various medicinal systems. Biomedical system dominates over indigenous medical system or vice versa. Hence, medical pluralism should be referred as blend of tradition and modern medicine within an existing complex factors of political, economical, social and cultural hegemony with respect to rural people (Elling, 1981) in given society. Hence, experts feel that the true reality of medical pluralism is quite a myth only.

It is a well known fact that medical pluralism is culture dependent rather than culture independent. Medical pluralism is a kind of social system because it will rise and construct within a broader framework of social, cultural and political context. Every medical system will have its own anthology, theory, and epistemology. Every medical system plays a vital role in fulfilling various needs of the patient/s. It is found that dichotomization/ contra position is crucial among various medical care systems. Few medical sociologists argue that there are no specific boundaries among various therapeutic measures. Some studies have shown that there is an association/ interaction between the folk healers and the modern medical practitioners when they practice in the same village. It shows that various medical systems either local or global have their own method of sharing or transmitting vital information about diagnosis and cure among themselves.

Medical sociologists have felt that availability and accessibility of various medical systems in a given setting may be useful in changing culture based attitude towards illness, diseases and sickness. Also, variety of medical care system may be useful in decreasing the occurrence of both infectious and non-infectious diseases in rural areas. Probably, this would be very useful in introducing modern medicines for cultural acceptance by the rural folk. In rural setting it is found that in case of any prolonged disease/illness and if folk medicine fails to cure then people consult bio-medical health provider for the solution. Still in majority of cases patients reject use of tablets or tonics prescribed by the modern doctors and prefer local healers.

Since various medical systems are available in the same society the vital question arises about its legitimization and allowing them to co-exist in any given setting. "In case of therapeutic pluralism, both trained and untrained practitioners give patients with an array of diseases and illness concept and healing alterative that can be used not only to get resource like prestige, power etc., but also to negotiate social relation and define cultural identity. Both pragmatic and pseudo political views help to explain medical pluralism in different settings" (Cranelon -Malamuel 1991)

Medical pluralism is a common character of every society. The main issue is their recognition and comparison with the modern medicine. Pluralism in medicine can be divided into two types, 1. Inter system & 2. Intra system. Medical pluralism depends on type of service providers and type of medicine. Normally, availability of different medical system involves perceived concept of diseases and most appropriate choice for treatment. In many rural parts of India several medical systems coexists;

- a. Western system of medicine
- b. Indian System of Medicine (ISM).

Also, it is found that hierarchical principle of high and low caste is not only within the social groups it exists with that of medical pluralism in case of rural settings. Normally low caste people will visit traditional healer who also belongs to the low caste as Guptha (1990) said that the caste class classification is normally congruent with the 'medical pluralism hierarchy with special reference to rural society.' Today the broad variety of healing techniques belongs to different medical systems that co-exist alongside traditional medicine in rural society. This is well established fact that in some cases traditional healer will treat the patients based on the certain diagnostic techniques available in the modern medicines. It is happening purely because of medical pluralism only. Due to globalization rural society is fast changing. Despite new social, political and economic scenario including other powerful external agencies rural people are showing more interest in Ayurvedic and Homeopathy rather than allopathic. It is also because of side effects and cost factor in case of bio medicine.

Mazumdar and Mazumdar (2007) have opined medical pluralism cannot be overlooked from both clients and providers' perception and today a hierarchical range of systems within the band of pluralism is extensively manifestable. Also, they felt sometime different ISMs (Indian System of Medicine) is influenced with allopathic in urban areas. The more worrying factor is that some of the forgotten healing systems like Unani, Sidda, Naturopathy etc have become a last resort for the patients whose problems fail the test of modern health care system and the most two popular medical systems

are Ayurveda and homeopathy. Further, they have stated even though allopathic medicine has been more emphasized, usage of different medical system should also be focused by the State.

CONCLUSION

As health behavior is becoming too complex today, there is quite a high level of medical pluralism in both traditional and advanced societies. It may be any type of medical system, however, that medical system normally reflects the existing culture of the particular society. They cannot be free from the influences of current socio-culture system. Both traditional and advanced medicine system have more similarities rather than differences. Today, health education for preventive health care is most essential. It invariably affects forms, content and context of any medical/health care system. Publicity, understanding, and validation of pluralistic medical system are the need of the hour. This is a vital drawback in implementing culture specific health care programme for the rural people.

Rural health culture a part of social system is also an adaptive system. Anthropologists feel that health culture is a product of actions adopted by the pool of changes over a period of time. It is quite evident that rural health culture should not be underscored as superstitious or overlooked. Various external agencies including lack of education, good income, poverty etc also influence health behavior of the rural people. Many rural focused health programmes have not been successful because of lack of local cultural component in the programme and also absence of effort to remove social determinants. The biggest problem in case of the rural health problem is emotions and proactive behavior associated with various concepts about the onset and curing of various diseases and illness. Since traditional beliefs and customs play a vital role, culturally accepted and culturally meaningful health programme for the rural people is very essential today. Understanding the role of social determinants may be more helpful for making new rural health programme. Today, rural health culture has a lot of influence by various external factors including social, economical, geographical, political and historical issues. Understanding rural health behavior always must be within the

boundaries of various societal factors which are helpful in providing modern medical health care system. It would also be very vital in planning any health care programmes.

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